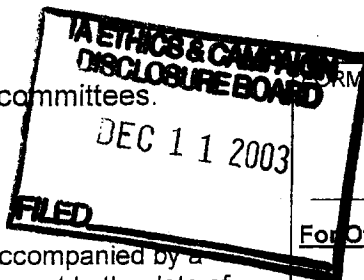


FOR INSTRUCTIONS, SEE BACK OF FORM  
This form is not applicable to statutory political committees.

## Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.



(Rev. 02/96)

### DR-3 NOTICE OF DISSOLUTION

#### For Office Use Only

Comm. # \_\_\_\_\_  
Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Computer \_\_\_\_\_  
Certified Date of Dissolution \_\_\_\_\_

#### COMMITTEE NAME

Official Name of Committee		
KEN Reece for Mayor		
Street		
6 Eastwood Drive		
City, State, Zip Code		
Eldon, Ia. 50627		
Area Code	Telephone	
(641)	858 - 3360	

Effective date of dissolution:


11/28, 2003

  
Signature of Treasurer

11/28/03  
Date Signed

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

  
Signature of Candidate - Required for Candidate's Committee

11/28/03  
Date signed

#### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.